

Case Number:	CM13-0070202		
Date Assigned:	01/08/2014	Date of Injury:	09/22/2006
Decision Date:	05/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female who reported an injury on 09/22/2006. The mechanism of injury was not indicated in the medical records provided for review. Per the clinical note dated 12/19/2013 the injured worker had an epidural steroid injection to the left L5-S1 and left posterior trans-foraminal areas on 07/01/2010. Electro-diagnostic studies dated 04/05/2011 showed evidence of chronic irritation of the L5 and S1 nerve roots. The injured worker attended physical therapy in 03/2007 and also had treatment with a TENS unit at that time. The injured worker reported aching, burning pain to her low back radiating to the bilateral buttocks and thighs and rated her pain at 8/10 without pain medications and 5-7/10 with the medications. The injured worker's medication regimen included Lyrica, Vicodin, Desipramine and Motrin for pain. Upon physical exam the injured worker was found to have tenderness over the sacroiliac joints and lumbar paraspinals bilaterally. In addition the injured worker had a positive straight leg raise, positive Patrick's sign and positive Gaenslen maneuver, the patellar reflexes were 2+ bilaterally, and strength in the bilateral hips and knees was 5-/5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 PHYSICAL THERAPY VISITS FOR THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Physical medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend allowing for a fading of treatment frequency, from up to 3 visits per week to 1 or less. The Guidelines recommend injured workers should participate in an active self-directed home Physical Medicine program. The MTUS Chronic Pain Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. There is a lack of documentation regarding the length of time in therapy except that the last visit had been more than one year prior to 11/25/2013. The request for 12 visits exceeds the total number of recommended visits for initial treatment, which is one half of total treatments, and the recommendation for the total number of sessions. The requesting physician did not include an adequate and complete assessment of the injured workers range of motion and the efficacy of the prior therapy was not demonstrated within the provided documentation. Therefore the request for 12 sessions of physical therapy is not medically necessary and appropriate.